| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | Application or Docket Number | | | |
|--|---|--|------------------------|----------------------------|------------------------------|-----------------|------------------------|--|
| Et | SMALL ENT | 1TY | | OTHER THAN SMALL ENTITY | | | | |
| CLAIMS | AS FILED - PART I | (Column 2) | TYPE | | OR | SMALLEN | | |
| | (Column 1) | (OOISIII) | RATE | FEE | | RATE | FEE | |
| .S. NATIONAL STAGE FEES | | LARGE ENT. =\$ 300 | BASIC FEE | 150 | OR B | ASIC FEE | | |
| ASIC FEE | SMALL ENT. = \$ 150 Satisfies PCT Article 33(1) | | EXAM, FEE | 10 | Ε | KAM. FEE | | |
| XAMINATION FEE | (4) = \$50/\$100 | \$ 100 / \$ 200 | | 200 | , | EARCH FEE | - 1 | |
| EARCH FEE | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 | SEARCH FEE | 250 | F | X \$ 250 = | | |
| EE FOR EXTRA SPEC. PGS. | minus 100 = | 150= | X \$ 125 = | | OR | x \$ 50 = | | |
| TOTAL CHARGEABLE CLAIMS | inus 20 = | | X \$ 25 = | | - | X \$ 200 = | | |
| | minus 3 | | X \$ 100 = | | OR | | | |
| INDEPENDENT CLAIMS HILLIAGO IN PRESENT | | | + \$ 180 = | | OR | + \$ 360 = | | |
| MULTIPLE DEPENDENT CLAIM PRESENT • If the difference in column 1 is less than zero, enter "0" in column 2 | | | TOTAL | 500 | OR | TOTAL | , — | |
| CLARAS REMAINING | G HK | lumn 2) (Column 3) GHEST IMBER WOUSLY ED FOR COLUMN 3 | RATE X \$ 25 ** | ADDI- TIONAL FEE | OR OR | RATE X.\$ 50 = | ADDI- TIONAL FEE | |
| Total • 8 | Minus 0 | 2 | X \$ 100 | = | OR | X \$ 200 = | | |
| Total • § | Minus | 3 - 1 | + \$ 180 | ╼╂╼╼╂╼╼╸ | OR | + \$ 360 = | | |
| FIRST PRESENTATION | OF MULTIPLE DEPENDEN | IT CLAIM | TOTALADO | | OR | TOTAL ADDIT. | | |
| 08/11/05 (Column | 1) (C | otumn 2) (Column 3 | 7 | ADDI- | - - | RATE | ADDI- TIONA | |
| REMAIN | NG PR | IUMBER PRESENT EVIOUSLY EXTRA | RATE | TIONAL | - | | FEE | |
| AMENOM | Minus ** | 0 = 1 | X \$ 25 | = 25 | OR | | | |
| Total • AMENDM | | 2 = | X \$ 100 |)= | OR | | | |
| Independent Independent | Minus DEPENDE | NT CLAIM | +\$ 180 | 0 = | OF | | | |
| FIRST PRESENTATION | OF MULTIPLE DEPENDE | | TOTALA | | OF | TOTAL ADDIT | ·L | |
| | | | M | | | | | |
| * If the entry in column 1 is less ** If the "Highest Number Previo | than the entry in column 2, writ usly Paid For" IN THIS SPACE usly Paid For" (N THIS SPACE sty Paid For" (Total or Indepen | e "O" in column 3. Is less than 20', enter "20". Is less than "3', enter "3". dent) is the highest number | sonuc su avo ethicida. | ate box in colum | an 1. | | | |
| The Tugnes Humber 1-Texts | | | Pi | stert and Tradema | A Office | U.S. DEPARTMEN | TOF COMME | |